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PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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INDICATION FORM**

Application Number	101716909
Filing Date	11-19-2003
First Named Inventor	Robert Longman
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint: myself

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Robert Longman & Sophia C. Li		
Address	207 East Ohio, #113		
City	Chicago	State	IL
Country	U.S.A.		
Telephone	312-842-1500	Email	rlongman259@yahoo.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

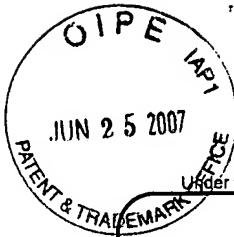
Signature	Sophia C. Li	Date	06/21/2007
Name	Sophia C. Li	Telephone	312-842-1500
Title and Company	Smart Auctions, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

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Examiner Name	
Attorney Docket Number	

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 Firm or Individual Name: Smart Auctions, Inc. / Robert Longman

Address	207 East Ohio, #113		
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Country	U.S.A.		
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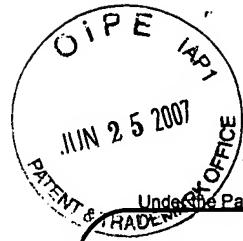
**SIGNATURE of Applicant or Assignee of Record**

Signature	Robert Longman	Date	06/21/2007
Name	Robert Longman	Telephone	312-842-1500
Title and Company	Smart Auctions, Inc.		

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Application Number	101716909
Filing Date	11-19-2003
First Named Inventor	Robert Longman
Attorney Docket Number	

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 Firm or Individual Name Robert Longman & Sophia C. LiAddress 207 E. Ohio, Suite 113City Chicago State IL ZIP 60611Country U. S. A.Telephone 312-842 1500 Email rlongman259@yahoo.com

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number \_\_\_\_\_

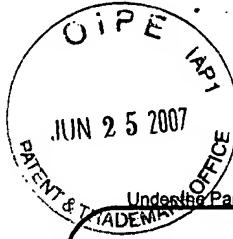
Signature

Typed or Printed Name Robert LongmanDate 06/08/2007 Telephone 312-842 1500

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Alexandria, VA 22313-1450

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The address associated with Customer Number: \_\_\_\_\_

OR

Firm or Individual Name Robert Longman & Sophia C. Li

Address 207 E. Ohio, Suite 113

City <u>Chicago</u>	State <u>IL</u>	ZIP <u>60611</u>
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Country U.S.A.

Telephone <u>312-8421500</u>	Email <u>rlongman259@yahoo.com</u>
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or agent of record. Registration Number \_\_\_\_\_.

Signature Sophia C. Li

Typed or Printed Name Sophia C. Li

Date <u>06/08/2007</u>	Telephone <u>312-8421500</u>
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